

Joint MPH Program
University of Gonder and Addis Continental Institute of Public Health

**Sexual violence among adolescents of street children in Adama
town**

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Lists of abbreviations

1. AIDS: - Acquired Immunodeficiency syndrome.
2. CBO s:-Community based organizations. . .
3. CSA: - Central Statistical Authority
4. FGD: - Focus group discussion
5. FSCE: - Forum on street children Ethiopia.
6. HIV: - Human Immunodeficiency Virus
7. MOL: - Ministry of Labor and Social affairs
8. WHO: - World Health Organization.
9. NGO: - Non-Governmental Organization

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Abstract

Background: Sexual violence of street children is a global social problem. Like many under developed nation, challenges facing the Ethiopian children make their live under difficult circumstances and are exposed to various forms of abuse and exploitation

Objectives: The objectives of this study are to assess the magnitude of sexual violence (rape), to determine the prevalence of STI, and factors associated with sexual violence.

Methods

A descriptive cross-sectional design with complementary focus group discussion was conducted to study sexual violence among street adolescents in Adama town.

Results: A Total of 422 street adolescents of boys and girls participated in qualitative study, and there were also 4 focus group discussions containing 2 groups from boys and the other 2 groups from girls. There were 8 participants in each group. The quantitative study reveled, that the prevalence of rape among adolescents of street children in the last 3 months recall period was 65 (15.4%), attempted rape 30.8% and Sexually transmitted infections 23.9%. On qualitative study (FGD) results showed that both boys and girls are at high risk of rape , attempted rape, and consequences of sexual violence. Among the study subjects rape was significantly associated with age group 15-19 (OR =17.85, 95% CI: 5.50, 584.5), Sex, females (OR=80.2, 95% CI: 11.0-584.5). Substance abuse was reported as one of the major problems among street adolescents. On this study chate consumption is very high 318 (75.5%), followed by alcohol 211 (50.1%), and chewing chate and alcohol were significantly associated with rape,. Chate (OR=5.69, 95% CI 2.02-16.09), Alcohol, (OR=2.49, 95% CI: 1.41-4.39).

Conclusion and recommendation

In conclusion adolescents street children (boys and girls) are at high risk of sexual violence (rape) and its consequences therefore it is recommended to find means of providing night shelter. All responsible citizens should report cases of child sexual violence (rape) to legal bodies. Awareness creation and education of problems of sexual violence on street children. Finally further study on the problems of street adolescents especially on sexual abuse is recommended.

Introduction

Street youth are young people engaging in legal or illegal economic activity in the public arena. The street refers to places such as bus stops, outside of shops, minor and major roads of given towns, parking lots, and other public places where youth attempt to make a living. UNICEF distinguished between “youth of the street” “youth on the street”. The other street youth are part of street families and street children in institutionalized care. Youth “ of “the street have no home, but the street and no family support, they move place to place, living in shelter abandoned buildings. Youth” on” the street those who visit their families regularly and might even return every night to sleep at home, but spends most days and some nights on the street because of poverty, over crowding, sexual or physical abuse at home (1,2).

Sexual violence of street children is a global social problem that violates the basic rights of the most vulnerable sector of society. As most of the street children are adolescents, the majorities of them are sexually active also exposed to sexual exploitation, rape and prostitution. Many studies have been conducted all over the world to assess the sexual behaviors of adolescents, these entire studies claim that adolescents are in fact sexually active, with figures ranging from 17.3% to 83% and that this trend is increasing (2).

Although comprehensive studies on the situation of sexual violence in Ethiopia is seriously lacking the available evidences and studies suggest the high level of the prevalence of sexual abuse in all region of Ethiopia. Specific to the situation of sexual abuse in Adama city, there are only few studies, but observed different factors that

predispose street children for rape. Poverty, alcohol, drug consumption and cultural factors are reported to predispose street children for rape. The survey on magnitude of child abuse and neglect in Adama city conducted by vision in year 2005 has shown that of the total child respondents 47.8 of them were victims of sexual abuse at least once in their live.

Living independently at this very tender age makes children more vulnerable to or places them at higher risk from both physical and sexual abuse (rape). Rape is a form of sexual violence defined as physically, forced or coerced penetration of the vulva or anus, using penis, other body parts or an object. The attempt to do so is known as attempted rape. The types of rape may be classified in to three categories as statutory rape, forcible rape and marital rape. A statutory rape is condition in which sexual intercourse occurs under the age of consent, usually 12-18 years (with or without her consent). Forcible rape is sexual intercourse/penetration with a non-consenting victim through the use of force or threat of force. Marital rape is a situation where a husband forces his wife to have sex with out her will. (3).

In Ethiopia drought, ethnic conflict, increase migration from rural to urban areas, and search for better life have produced over 100,000 street children nation wide, and in Addis Ababa there are all estimated 40,000 street children (4). In the study area (Adama) the number of street children estimated to be 2500 according to information of ministry of labor and social affairs of Adama . Among problems of street children especially sexual violence is prominent. Although comprehensive studies on the situation of sexual

violence in Ethiopia is seriously lacking the available evidences and studies suggest the high level of the prevalence of sexual abuse in all region of Ethiopia.

A study conducted by forum on street children (FSCE) in Adama indicated that, the town has a large number of sexually abused, and exploited street children due to several factors like poverty, substance abuse, family break down, peer pressure and etc (5). Due to the above mentioned factors they can easily exposed to STD/HIV/AIDS, unintended pregnancy, substance abuse and other health related problems (17). The negative consequences of sexual violence among street children is an economic burden on societies in terms of lost productivity as the result they become burden to the community and also to the country. Study in this area is believed to benefit decision makers, the community, different organization working on children program, and study population at large.

Literature review

The street youth phenomenon is global. The concepts “street youth” and street child are now commonly used in Africa in Europe, North America, and Australia terms such as homeless or “runaways” are used to describe street youth. Poverty, broken families, death of parents, improper model, and living on the street are some of the major situations that propagate the problem of child sexual abuse (rape) (6).

The hidden and isolated nature of street children makes accurate statistics difficult to gather, however UNICEF estimates there are approximately 100 million street children worldwide with that number constantly growing (6). There are up to 40 million, street children in Latin America, and at least 18 million in India. Many studies have determined that street children are most often boys aged 10 to 14, with increasingly younger children being affected (6). Many girls live on the streets as well, although smaller numbers are reported due to their being more “useful ‘in the home taking care of younger siblings and cooking. Girls also have a grater vulnerability to trafficking for commercial sexual exploitation or other forms of child labor (6).

Studies around the world indicate that sexual violence especially rape is a serious problem in the lives of women and girls. The United States has the highest rape rate among countries which reports such statistics (7). It is 4 times higher than that of Germany, 13 times higher than of England and 20 times higher than that of Japan. Women are 10 times more likely than men to be victims of sexual assault. A study among

college women has shown that 1 out of every 5 college age women report being forced to have sexual intercourse (7)

Rape is a common occurrence among street children. A study of adolescents in six urban areas in Ethiopia reports that 9% of sexually active adolescent girls and 6% of adolescent boys had been raped. A cross-sectional survey among Female Street adolescents in Addis Ababa revealed the prevalence of rape among female street adolescents in the last 3 months prior to study was 15.6%, attempted rape 20.4% (4), therefore the risk of rape among street adolescents is very high in a big towns, where there is abuse of drugs, the nature of street life, the spread of pornography films, increased number of bars night clubs.

Cases of girls being raped and boys being sodomized by force are not hard to find. According to study done in urban Tanzania information about street children's sexuality and consequent health implication, discussion in focus group confirmed that street children in Dar-EsSalaam lead active sex lives (6) . Both anal and vaginal penetrative sex seem to be common among sexual relations involving both genders, but penetrative anal sex is more common among boys. None of those who reported having sex had used a condom, and none of the sexually active children had only one sexual partner, this means that these children tend to practice risky sexual behavior. On the study also reported rampant spread of sexually transmitted diseases including HIV/AIDS (6).

Like many under developed nation, challenges facing the Ethiopian children live under difficult circumstances and are exposed to various forms of abuse and exploitation. Among these sexual abuse of male children is a newly emerging phenomenon in Ethiopia. In the context of Ethiopia socio- cultural, it seems that even talking openly about heterosexuality is a social taboo let alone male sexual abuse, there fore very little has been known so far about the magnitude and nature of this state of affairs in the country, despite the very fact that male sexual abuse (particularly that of street children) is inconceivable on the rise (8).

A resent study carried out on sexually abused boys in Addis Ababa depicted that there were 47 reported cases of sexual abuse of boys which accounted for 22% of the total sexual abuses reported to the police in 2004 (8). On the other hand 44% of these were sexually abused by neighbors while 36.17% by strangers who had no acquaintance with victims.' the rest (25.5%) of the victims were street children. If un reported cases had been included, the magnitude could have been higher than it was estimated (8).

The effects of street and homeless life

Homelessness and street life have extremely detrimental effects, on children. Street children due to their nature of an unstable lifestyle; they are more exposed to sexual violence (9). Rape is a violent crime which has many severe effects on the victim both in the long term and short term. For example, 36% women who are injured during a rape require medical attention (9). 25-45% of rape survivors suffer from non-genital trauma, 19-22% suffer, from genital trauma, up to 40% obtain STDs and 1-5% become

pregnancies in the United States annually (12). The consequences of rape are not always physical though, and are not always immediate. 80% of rape victims will suffer from chronic physical or psychological conditions over time (Strategies for the treatments and preventive of sexual Assault 1995). Rape survivors are also 13 times more likely to attempt suicide than not crime victims and 6 times more likely than victims of other crimes. Lack of medical care, and inadequate living conditions increase young peoples susceptibility to chronic illness such as respiratory, gastrointestinal disorder, and sexually transmitted diseases, and HIV/AIDS.

One serious consequence of AIDS deaths to men and women in their prime child rearing ages is an increase in the number of orphans. A maternal orphan is a child under age 15 whose mother has died from AIDS, a paternal orphan is a child under age 15 whose father has died from AIDS, and a double orphan is a child under 15 whose parents have both died from AIDS. In reality, given the primacy of hetero sexual transmission in spreading the virus, many children will lose both parents. Many orphans will never receive adequate health care and schooling, increasing the burden on society in future years. The number of street children will rise, and child labor will become more common as orphans look for ways to survive (10).

Drug abuse, Alcohol abuse, also contributing factors for sexual violence. Most of the adolescents in the world indulge in drug, and alcohol abuse (11). This may lead to earlier sexual initiation, unprotected sexual intercourse and multiple partners as well as putting youth people at risk for sexually transmitted diseases (STD including HIV/AIDS,

un intended pregnancy, and illegal abortion) .The most frequency users of illicit drugs are jobless youths and street children. The extent of drug related problems is not yet clear, although it has been noted that many Africa countries are on drug transit routes (10) In Ethiopia alcohol and drug like chat are commonly consumed in both urban and rural areas. Studies in substance abuse in selected urban areas of Ethiopia showed 82% of street children, commercial sex workers and street venders as having used addictive drugs or substance. (11)

Policies and Legislation on child abuse

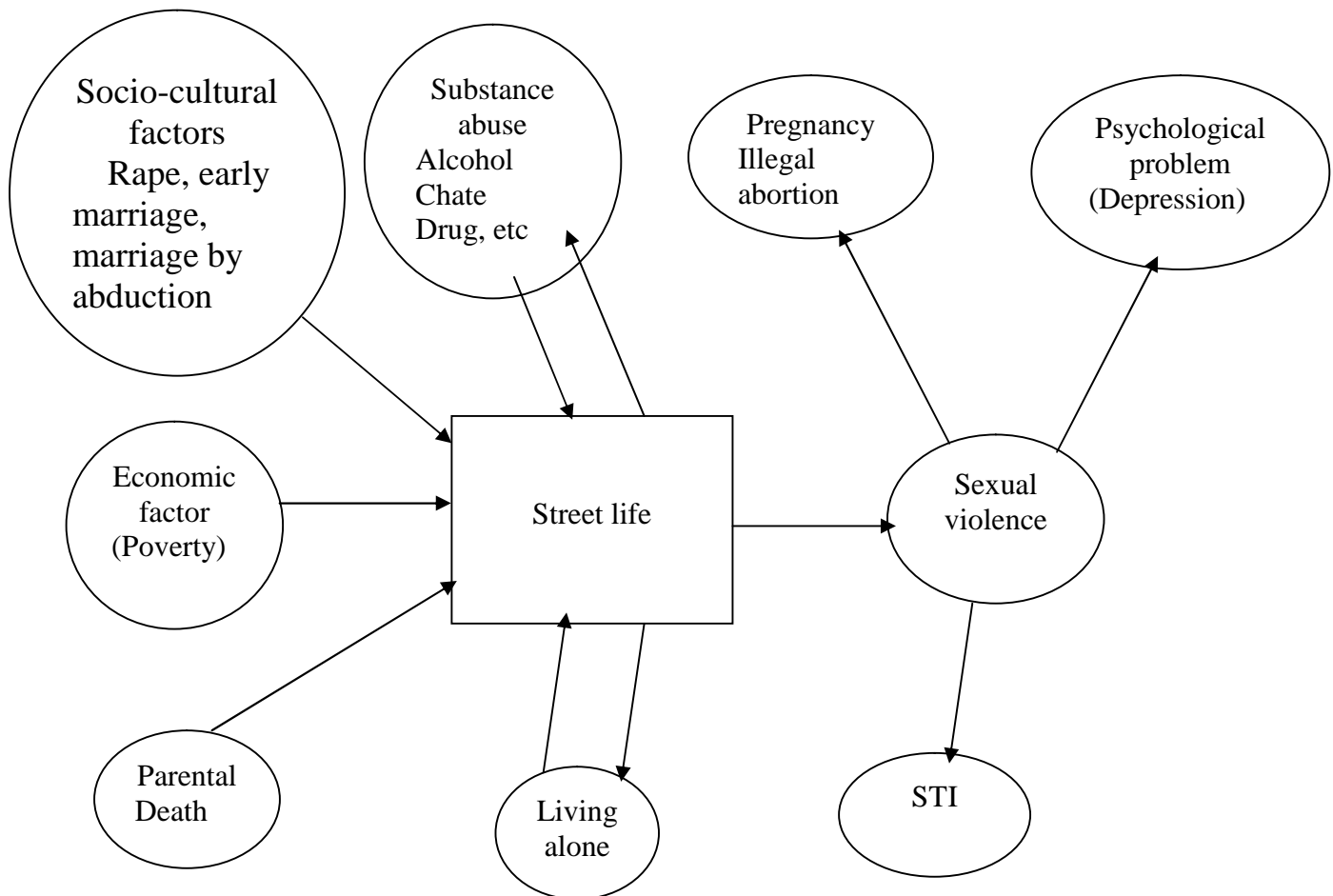
Through relevant bodies, the Ethiopian government has been formulating policies focusing on children. Accordingly, legislations have been passed to protect children from the different forms of child abuse. On the 9th of december1991, the transitional government of Ethiopia endorsed and ratified the convention on the rights of children which had been signed at the UN Assembly on 20th of December 1989. The UN child rights convention, Article 32 indicates; State parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's education, or to be harmful to the child's health, or physical, mental, spiritual, moral, or social development. (12,21)

Article 34 protects children from sexual abuse, as it points out: States parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.....

More over, the council of representative endorsed and ratified the African charter on the rights and welfare of the child, on the 2nd Of October 2002: the charter had been signed in July 1990. Having been ratified by member states of OAU in July 1990, the African charter on the rights and welfare of the child includes article that protect children from abuse (12, 16).

Article 16 (1): States parties to the present charter shall take specific legislative, administrative, social and educational measures to protect the child from all form of torture, human or degrading treatments and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of parents, legal guardians, or school authority or any other person who has care of child (12, 16).

Conceptual framework of
Sexual violence



General objectives:

The general objective of this study is to assess the magnitude of sexual violence among street children age 10 -19 years in Adama town.

Specific objectives:

- To determine the prevalence of rape, attempted rape, among street children.
- To determine the prevalence of STI among of street children
- To determine factors associated with sexual violence of street children (boys and girls).

Subjects and Methods:

Study design: The survey utilized a descriptive cross-sectional design with complementary focus group discussion to determine the prevalence of rape, attempted rape, and prevalence of STI among street adolescents in Adama town.

Study area

The study was conducted in Adama (Nazareth). This is 100 km away from Addis Ababa. Adama is one of the biggest towns in Oromia region. The population is estimated to be 250,617 out of this male 125,368, female 125,449 (18). The proportion of children aged 19 and below is estimated to be 49.6% of the total population. The rate population growth is estimated to be more than 4.7% and the average family size is 5 persons per households. The vast proportion of the residents of Adama (45%) earns their livelihood from trade activities. Industrial work, public sector and agriculture provide employment opportunities to 25% and 30% of the total population, respectively (Nazareth city council,). Poverty, unemployment, prostitution, beggary, crime, disability, child streetism, sexual abuse and exploitation of children are common in the city. The majority of street children in Adama are homeless, living on the street with out shelter, and protection. They sleep at the day time, and work at night selling different items like cigarette, biscuits, and cooked eggs. Most of them are exposed to substance abuse, like cigarette smoking, alcohol drinking and chewing chat.

Study population: The source population for the study was of street and on street adolescents (boys and girls) of age 10-19 years. The inclusion criterion was street adolescents of age 10-19 years .The exclusion criterion was all street adolescents age less than 10 years and more than 20 years.

Sampling procedure: Preliminary assessment and Mapping was conducted a week prior to the survey, for 2 consecutive days, a list of location where street children, congregated, was established, including the approximate no of street children found in each area the peak hours the street children tended to collect in particular location and the best time for interview were established. According to the result of preliminary assessment and mapping, the survey was conducted in 4 areas (areas in which number of street children more concentrated) the study participants were divided in to 4 clusters as follows.

Area 1 (keb 12) population size of street children 500

Area 2 (keb 10) population sizes of street children 150

Area 3 (keb 06, 07) population size of street children 350

Area 4 (keb o4) population size of street children 100

Based on proportion of population Area 1 and Area 3 were selected, then the study participants identified through key informant from each selected areas until the allocated sample size is reached.

Sample size calculation: Due to the absence of previous reliable data on this specific study and to get adequate sample size, assumed the prevalence of sexual violence to be 50 % with a margin error of 5 % and 95% of confidence interval. A sample size of 384 obtained. Contingency of 10 % was added for non responses.

$$\text{Sample size: } n = \frac{\left[\left(Z \frac{r}{2} \right)^2 * P(1-P) \right]}{d^2} \text{ will}$$

Where: - P = 0.5 (50%)
Z = 1.96
D = 0.05(5%)

$$n = \frac{(1.96)^2 \times 0.5 \times 0.5}{0.05^2} = 384$$

10% contingency will also considered for non response

$$N = 384 + 38 = 422$$

Sample size = 422

Data collection methods

The study follows two kinds of data collection tools Quantitative, and Qualitative methods.

Quantitative methods: Questioner had been developed for the purpose of data collection after reviewing relevant literatures .The questioner contained variables such as the socio-demographic variables, occurrence of sexual violence, STI and factors associated with sexual violence of street adolescents. The questioners was prepared

originally in English and then translated in to Amharic and back to English. Pretest of questionnaire for the clarity and consistency of questions was done on the street children in other areas.

A total of 10 data collectors were recruited based on criteria that they have good interpersonal communication and interaction ability with young people, and prior experiences in data collection. The data collectors were given one day training. The focus of the training was on data collection techniques, explanation of terms and concepts that are used in the questionnaire and elaboration of the content of each questionnaire. The training had also included ethical issues like young people right and confidentiality. Two experienced supervisor were also be deployed with interviewers to direct the data collection process. Data were collected on April 10 and 11 to avoid double interview we use key informant registration.

Qualitative methods:

Focus group discussion: A total of 4 focus group discussion were conducted with participant selected from adolescents of street children 2 groups from boys the other 2 group from girls. A semi structured discussion guide was developed that contain certain points about type's of violence, consequences of violence, action to be taken, and about basic rights of children. The participants were selected purposively in age groups of 15-19 years. The reasons for selecting this group was based on the survey result most of the victims were in this age group. The other reason was respondents in age group 10-14 were believed to be young to participate in FGD. The focus group discussion was conducted in one of the private school in the center of the town .The place was

convenient and familiar for most participants and the discussion was conducted on April 28, and an average of 45 minutes was used with each focus group. On the discussion there were moderator and note taker, and also tape recorded after getting a verbal consent of the participants, which was then transcribed completely in to Amharic, and fully translated in English and described.

Exposure variables: Behavioral factors related to rape, such as alcohol, chat an drug abuse, physical violence, socio demographic variables such as age, type of street life, educational status, marital status are include as exposure variables.

Outcome variables: Rape, attempted rape and, STI are the out come variable

Data analysis: Quantitative data was processed using EPI-INFO Version 3.5 statistical packages. Data, entered, and cleaned, then exported to SPSS (statistical package for social sciences) version 15, for analysis using Logistic regression. The results were presented using absolute numbers, proportion, odds ratio and 95% confidence interval. The focus group discussion was first transcribed in to Amharic then to English the findings were then described and presented in English.

Data quality assurance

The data quality had been maintained through careful design of the instrument by standardized translating from English to Amharic and back to English as well as pre

testing the instrument for relevant amendment. Training of data collectors, close supervision and prompt feed back, reviewing each of completed questionnaires daily.

Ethical considerations: The study protocol was approved by the ethical clearance committee of Addis Continental institute of public health and the medical faculty of Gonder university .The respective health bureaus and ministry of social-affairs also asked their willingness after the receiving information about the whole purpose of the research. Sexual violence is a highly sensitive issue raising a lot of ethical concerns; therefore, privacy and confidentiality were maintained .Verbal consent was obtained from each study subject. The purpose of the study and possible risks and benefits of participation was described to the Participants and involvements were on voluntary basis. The participant were also be informed the objectives of the study and their right not to respond the questions asked by the interviewers, if they are not comfortable.

Dissemination of findings: The findings of this study need to be disseminated to zonal labor and social affair , to zonal health bureaus of Adama town and also to the relevant governmental institution, NGOs, CBOs, and researcher focusing on child rights ,child abuse and related issues. Arranging seminars, workshop in the study area in collaboration with NGOs, Ider leaders in Adama town, in addition to these, if condition allow the results will be published in scientific journal for use to change the situation of street adolescents in Adama .

Operational definition

Sexual violence: is defined in the study as the use of force to have sexual intercourse, anal intercourse, forced kissing on adolescents.

Rape: is act; where by a man has sexual penetration with someone who does not consent.

Attempted rape: is an attempt /trial to have non-consensual sexual intercourse with adolescents (girls and boys)

Adolescent: Adolescents as young people aged 10-19 years (WHO)

Adolescent, “of” street children: Adolescents who work sleep on the street whereby the street is their principal home.(USAID)

Adolescent, ”on” street children: Adolescents who depends on the street for their subsistence, but usually return home at night (USAID)

Results

Socio-demographic characteristics

A total of 422 male and female adolescents participated in the survey. Out of these 185 (43.8 %) of the adolescents were “on” the street and the remaining 237 (56.2%) were “of” the street type. Among the age group of the participant 15-19 are the majority 254 (60.2%), 10-14 (39.8%). The median age of the participant was 16. A large proportion of the respondents were adherents of Orthodox Christianity and followed by Muslim each accounting for 288 (68.2%) and 130 (30.8%) respectively. Concerning educational status 292 (69.2%) was at elementary level, and current school attendance was 81(19.2%). According to study finding the majority of the study subjects 276 (65.4%) residing here in Adama before coming to street life. 116 (27.5%), and 30 (7.1%) of street adolescents, came from urban and rural areas out side Adama respectively. Among the reason for leaving home death of parents reported by 190 (45.0%), family poverty 149 (35.3%), and, family conflict, 47 (11.1%). For most of the study subjects, means of getting daily food was by working on the street 287 (68.0%). (Table I).

Parental characteristics: the majority of the study subjects 172 (40.5) lost both parents, those with a single parent’s mother or father accounted for 153 (36.3%) & 18 (4.3%) respectively. Only 77(18.2%), have got both parents alive. Regarding to parental education 171 (40.5%) of the fathers and 247 (58.5%) of the mothers were illiterate. Which has got some negative impact on the socio-economic conditions of their children. (Table II)

Table I: Socio-demographic characteristics of adolescents' street children, in Adama town. (n=422)

Variable	Frequency	Percent
Street life style		
On street	185	43.8
Of street	237	56.2
Age in year		
10-14	168	39.8
15-19	254	60.2
Religion		
Orthodox	288	68.2
Muslim	130	30.8
Protestant	4	0.9
Marital status		
Never married	368	87.2
Separated	54	12.8
Level of education		
Illiterate	29	6.9
Read and write	18	4.3
Primary(1-6)	292	69.2
Secondary(7-12)	80	19.0
School attendance		
No	341	80.8
Yes	81	19.2
Permanent residing area before coming to Adama		
Rural out side Adama	116	27.5
Urban out side Adama	30	7.1
Here in Adama	276	65.4
Reason to join street life		
Death of parents	190	45.0
Family conflict	47	11.1
Pregnancy	5	1.2
Raped by guardians/close relatives	4	0.9
Peer influence	27	6.4
Family poverty	149	35.3
Others		

Means of getting daily food

From father or mother	11	2.6
From relatives /friends	72	17.1
By working on the street	287	68.0
Begging	40	9.5
From governmental support	4	0.9
From charity organization	5	1.2

Shelter

On the street	220	52.1
Plastic house	17	4.0
Relative house	172	40.8
Others	13	3.1

Table II, Parental characteristics of adolescents, street children in Adama. (n=422)

Variables	Frequency	Percent
Family condition		
Both parents alive	77	18.2
Only mother alive	153	36.3
Only father alive	18	4.3
Both dead	172	40.5
Fathers educational level		
Illiterate	171	40.5
Read and write	99	23.5
Primary(1-6)	119	28.2
Secondary(7-12)	27	6.4
Others	6	1.4
Mothers educational level		
Illiterate	247	58.5
Read and write	114	27.0
Primary(1-6)	38	9.0
Secondary(7-12)	22	5.2
Others	1	0.2

First sexual initiation: The majority of the respondents 191 (45.3) have already initiated sexual activity. The age range of sexual initiation was 8-19 years, where the majority was in the age range of 10-14. The median and the mean age were 14 years respectively .The first sexual initiation as a result of forcible rape was 74 (27.61 %). (Table III)

The prevalence of rape for the last 3 months recall period was 65 (15.4 %). The sexual abuse (rape) was repetitive in 35 (8.3%), among repeated attack the perpetrator was the same person 16 (3.8%). The reason given by the victims which exposed them for rape was 39 (9.2%) shelter problem working and sleeping in the same area followed by poverty 9 (2.1%) and family death, 4 (0.1%). The majority of the respondent 56 (84.6%) did not report to any legal bodies about the cases and 9 (2.1%) reported to the police. Among the reported cases who were accused 5 (1.2%) sent to prison 4 (0.9%) no action was taken, for most of them the reason for not reporting was fear of non acceptance by the police. Among the study subjects reported attempted rape were 130 (30.8%), most of them escaped by shouting, 70 (16.6%), by fighting 25 (5.9%), by running 18 (13.8%) . (Table IV)

Table III: Age and reasons for the first sexual debut of adolescents' street children
N=268

Variable	Frequency	Percent
Age range		
6-9	3	1.11
10-14	191	71.26
15-19	74	27.61

Reasons for sexual initiation		
Marriage	15	5.59
Peer influence	122	45.52
Personal	48	17.91
Forced	74	27.61
Obligated due to favor	7	2.61

Table IV: Prevalence of sexual violence, among adolescents of street children in the last 03 months in Adama town (422)

Out come	Frequency	Percent
Rape	65	15.4
On the street n=185	34	18.38
Of the street n=237	31	13.08
Attempted rape n=357	130	36.1

Factors contributing to sexual violence : Among the study subjects raped was significantly associated with age group 15-19 (OR =17.85, 95% CI: 5.50, 584.5), Sex (OR=80.2, 95% CI: 11.0-584.5). Substance abuse was reported as one of the major problems among street adolescents. On this study chate consumption is very high 318 (75.5%), followed by alcohol 211 (50.1%), cigarette smoking 137 (32.5%), taking drugs like Marijuana, 11(2.6%), there fore the study indicated that substance abuse like chewing chate and Alcohol were significantly associated with rape,. Chate (OR=5.69, 95% CI 2.02-16.09), Alcohol (OR2.49 ,95% CI 1.41-4.39) (Table V).

Table V Bivariate and multi analyzes of determinants of rape in Adama town.

Factors	Raped	Non raped	OR (95%)C I	Adj OR
Types of street life				
On the street n=185	34	150	1.00	
Of the street n 237	31	206	1.506 (.886-2.56)	1.292 (.68-2.45)
Age				
10-14	3	165	1.00	
15-19	62	191	17.85 (5.5-57.9)	8.34 (2.32-29.99)
Sex				
Male	1	198	1.00	
Female	64	158	80.20 (11.0-584.5)	79.4 (10.3-612.8)
Marital status				
Never married	42	325	1.00	
Separated	23	31	5.74(3.06-10.75)	1.21 (.60-2.44)
Smoking				
Never	43	240	1.00	
Yes	21	116	1.01 (.57-1.78)	1.55 (.72-3.35)
Alcohol drinking				
Never	20	189	1.00	
Yes	44	167	2.49(1.41-4.39)	.962 (.447-2.07)
Chat chewing				
Never	4	98	1.00	
Yes	60	258	5.7 (2.02-16.09)	3.89 (1.22-12.45)
Drug use				
Never	60	349	1.00	
Yes	4	7	3.324 (.944-11.70)	2.93 (.550-15.58)

Prevalence of STI

The prevalence of STI Among the study participant was, 101 (24.51%), among the study participant 99 (23.5%) reported that they had gentile discharge, where as 55 (13%) had gentile ulcer. Out of these STI cases 99 (23.5%) visited different health institution for treatment. 59 (58.42%) Governmental hospital, 18 (17.82%), pharmacy, 12 (11.88 %) private hosp/clinic, 6 (5.9 %) drug vender. When we look at the out come of the treatment, 99 (98.2 %) cured, and 2 (1.98%) not cured. Among study subjects condom use in the last intercourse was 242 (91.32%), and condom use in the last 12 month was 154 (58.17%). (Table VI)

Table VI prevalence of STI among adolescents of street children in the last one year in Adama town (2009)

Variable	Frequency	Percent
Disease through sexual contact (last 12 months)		
No	311	75.49
Yes	101	24.51
Gentile discharge (last 12 months)		
No	323	76.54
Yes	99	23.46
Gentile sore or ulcer (last 12 months)		
No	367	86.97
Yes	55	13.03
Any kind of treatment		
No	323	76.54
Yes	99	23.46
Health institution visited		
Governmental hospital/clinic, H. center	59	58.42
Family planning clinic	5	4.95
Private hosp/clinic	12	11.88
Pharmacy	18	17.82
Drug vender	6	5.94
Traditional healer	1	0.99
Complete treatment		
No	19	18.81
Yes	82	81.19
Treatment out come		
Cured	99	98.02
Not cured	2	1.98
Last time you had sexual intercourse		
Days ago	23	8.71
Weeks ago	116	43.94
Months ago	126	47.35
Condom use in the last intercourse		
No	23	8.68
Yes	242	91.32
Condom use in the last12 months		
No	110	41.83
Yes	154	58.17

Results of the focus group discussion (FGD)

The participants of the focus group discussion were street children 2 groups from female and other 2 groups from male adolescents. There were 8 participants from each group. The discussion was conducted under a conducive environment. The discussion focused on the most sensitive issues of sexuality, the major theme were circumstances of sexual violence, Practices of sexual violence (rape), consequences of rape, knowledge of basic child rights and solution of sexual violence.

Circumstances of sexual violence

On focus group discussion the participant reported that they are exposed to sexual violence (rape) under different circumstances. Living alone on the street with out shelter, protection, especially girls said that they are at high risk of rape. Most of the respondents they sleep at the day time and work at night, selling different items like cigarette, biscuit, cooked eggs etc. Some respondents mentioned that at younger age when for the first time come from rural areas to street life they don't know about the condition of street life, so they are victims of rape.

Practices of sexual violence

All groups participated actively shared their own and their friends experience.

Some girls reported that the sexual violence (rape) is very high among female adolescents, they said "We can not move freely at night because there is a chance to be raped any time by un known person. They rape us with out condom; they came drunk other girl witnessed her friend being raped by four guys; the next morning she couldn't get up she was severely damaged.

One of the participant also reported that he had seen sexual act among male adolescents .Some one raped a small boy and now he is in prison. The child was affected psychologically and he developed mental problem (depression).

Most of the male participant reported that they had encountered repeated attack, of attempted rape. One of the male participant mentioned that he observed sexual violence (anal intercourse) among male adolescents. He mentioned as an example that his friend had been raped by 3 guys.

Consequences of rape

On focus group discussion STI including HIV/AIDs, un wanted pregnancy, illegal abortion and anal infection (among the boys) reported as a major consequences of sexual violence. One of the participant reported that he knows a boy who is in mental problem after raped by one of his friend, he is mentally disturbed, he eats chat from the street, he shouts some times he call the name of the boy, who abused him says take care from sexual abuser. The other participant discussed about a boy who was seriously injured after anal intercourse, this time he doesn't move properly, he was in hospital for more than a month, because he had difficulty to pass stool, he doesn't want to see any body, he feels loneliness.

Child rights

On focus group discussion all participants discussed about child rights, most of them said that they know about child rights before but in practice they can not say that there is child right for street children. One of the respondents said "I can say there is no child rights for us (street children), even the community has no good impression for us, I think child right

is for those children who live with their parents at home” Most of the respondents reported that,” whether we do well or bad the legal bodies (police men) always consider us as trouble maker”. Some of them said even if they face a problem, and report the cases to concerned legal bodies; they will not get any positive response. In addition to this they mentioned that the impression of legal bodies should be changed, they always look our weak point and negative side, they should advice us; help us, to get out of this terrible street life.

Solution to prevent sexual violence

On focus group discussion participant from all group discussed, how to improve and solve their problems. They mentioned that they believe the government and the community should be involved in order to solve such kind of problems .They said “if we get solution there is no reason that we stay on the street we will free our selves from substance abuse like drinking alcohol, chewing chate, taking drugs, we need help from the community and the government at large”. Most of the participant said that they need shelter, skill training, jop opportunity, therefore the government, the community, NGOs, they have to give them special attention, because it is very sensitive issue.

In general from focus group discussion we understood that street adolescents of both sexes are at high risk of sexual violence (rape) and attempted rape. They are also exposed to different health and psychological problems as the result of sexual violence.

Discussions

Sexual violence is a world wide social problem affecting of the lives of millions of street children. This study utilized a cross-sectional quantitative survey among adolescents of street children of both sexes and qualitative study (FGD) among boys and girls.

The main findings of the study were sexual violence (rape) for the last 3 months recall period was 65 (15.4), attempted rape 129 (36.1), and STI 101(23.9). On this study females were more affected than males.

Due to methodological and selected population differences direct comparison of findings was difficult, but some how comparison are made with available studies.

The finding of the study have shown sexual violence such us rape occurs mostly on female adolescents on the street, because they have no proper shelter, living alone with out protection no job so they are mostly involved in sex work. Due to these and other causes they are victimized of sexual violence. On the questioner survey sexual violence (rape) among male adolescents was not significant, but attempted rape observed in young boys. On the other hand on the FGD sexual violence (rape) was discussed as a major problem of street boys.

In the study it was found that 268 (63.7%) of the study subjects have initiated sexual intercourse, 74 (17.6%) of the study subjects have initiated 1st sexual intercourse as a result of rape. The age at the first sex of the victims ranges from 8-19 years, and the mean age at the first sexual debut was 15 years. Sexual imitation in South Asia, 26% of

Bangladesh girls had sexual initiation at age 14 or younger. In the study casual sex-debuts among female adolescents in Addis Ababa, the mean age for sexual initiation was 16.9. It is almost similar and compatible to our result. The perpetrators were elder than the victims in 43 (10.2%) of the cases. The reason given by most elder people for targeting young children's to sexual partner is to reduce the risk of contracting HIV/AIDS. Some individuals also believe that sex with virgin will cure them of HIV/AIDS. On this study finding, initiation of sexual violence is almost compatible with study in Asia. The level of participant who initiated sex is higher than that is founding behavioral surveillance survey among in the school and out of school which indicates the higher risk for early initiation of sexual activity in the study group (7)

In this study the prevalence of rape in the last 3 months recall period was 65 (15, 4%). Comparing to study of sexual violence among female street adolescents in Addis Ababa which was 15.6. It is almost the same and compatible. The prevalence of attempted rape 129 (36.1%) in this study which is higher than prevalence of attempted rape of female street adolescents in Addis Ababa 20.4 % (4). This implies that there is high risk of rape on the street. In case study from Nigeria for example, 15% of young female and 8% of young males reported forced penetration sexual experiences, and 27% reported attempted rape. Comparing to this finding the prevalence of rape among young females is almost similar, but concerning young males the prevalence is very low.

In this study, 65 (15.4%) of the respondents were raped in 3 months recall period, out of these 35(8.3%) had repeatedly attacked. The perpetrators were boy friends 8 (1.9%),

neighbors 3(0.7%) and cohabitants 3 (0.7%). Study done by national violence against women prevention research center medical university of South Carolina most rapes are committed by perpetrators who are known well by their victims. Only 22 % rape victims was assaulted by some one they had never seen before. 9% of the victims were raped by husbands or ex husbands, 11% by father or step father, and 10% by boy friends or ex-boy friends (6). In this study the finding was higher than the study of South Carolina here the majority was attacked repeatedly by boy friends. However in focus group discussion reported that street adolescents usually perpetrated in gangs. This can be explained by nature of study population.

On focus group discussion consequences of rape discussed by all groups and they reach in to consensus that STI including HIV/AIDS, un wanted pregnancy, illegal abortion, and anal infection (in boys), considered as a major consequences of sexual violence. In the study 56 (13.3%) of the victims did not report the cases to legal bodies. In most of others studies about 50% of the victims might not tell to any one. This might be explained as fear of an acceptance by legal bodies.

Substance abuse was reported as one of the major problems among street adolescents. On this study chate consumption is very high 318 (75.5%), followed by alcohol 211 (50.1%), cigarette smoking 137 (32.5%), taking drugs like Marijuana, 11(2.6%), there fore the study indicated that substance abuse like chewing chate and Alcohol were significantly associated with rape,. Chate (OR=5.69, 95% CI 2.02-16.09), Alcohol, (OR=2.49, 95% CI:

1.41-4.39). Surveys in three high schools, one private and one government school in Addis Ababa, and one government school in Butajira, 57.7%, 17.9%, 18.2% of the students respectively reported ever use of alcohol. Use of chat also reported by 35.6%, 9.2%, and, 31.0% respectively. The prevalence of ever smoking cigarette was 48.9% for the private, 5.1 for Addis Ababa, and 6.4 for Butajira government schools.(14). The prevalence of substance abuse is high in both studies. This is true particularly in big urban areas the places where youth chew chat and smoke Shisha have grown in number in their locality. In areas like Nazareth, Yirgalem and, Awassa, places where youth can chew chat and at the same time watch films are fast expanding (19)

The prevalence of STI in this study 100 (23.8%). Of commonly known sexually transmitted syndromes urethral discharge 98 (23.3%), genital ulcer 54 (12.8%). A community- based, cross-sectional study was conducted in Adami-Tulu woreda revealed that the prevalence of STI syndromes was 2.5% (16), in this specific study the prevalence is high; this may be due to the nature of study subjects. Condom use in the last sexual intercourse 241 (57.2%), and in the last 12 months 153 (36.3%). Condom use during their most recent sexual intercourse in the study of sexual activity of out-of-school youth, and their knowledge and attitude about STDs and HIV/AIDS in southern Ethiopia was 27.6% (15). That means condom use is high in this study, this could be due to educational level of the study subjects because (most of them attended primary school).

The procedure that we use for sampling and the limited selection area of the study may influence the generalizability of the study. Due to the sensitiveness of the issue, it was hard to get willingness of the study subjects.

On the study there may be recall and selection biases, to prevent recall biases used 3 months recall period in identifying the prevalence of rape. In data collection process to identify study subjects we used key informant list and this may lead to selection biases.

Conclusions

The finding of the study indicated that:

- Street adolescents were at high risk of rape and attempted rape.
- On the study observed that street children were at high risk of STI.
- substance abuse like chewing chate ,drinking alcohol, and cigarette smoking were associated with rape.

Recommendation

- It is difficult to protect street children from rape ,because they are living and working on the street, therefore need to prepare shelter.
- To control cases of STI, it is necessary to give health education, on STD, and provision of condom.
- To control factors associated with rape like substance abuses, need to create awareness about negative side of these factors.
- To decrease the number of street children, the family neighbors, and the community have to take responsibility by providing the necessary support.

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Annex: (A)

Individual consent form

Dear Brother and Sisters:

Hello my name is _____ I am from Addis Continental institute of public health and Gonder University last year post graduate student. I am conducting a survey in Adama town to study the problems of adolescents; you have been chosen to participate in this study by convenience. I hope you will help us by answering these questions. None of your answer will be available to any one. Do not give your name. We really need your honest response to better understand the problems of street children. You have the right to stop the interview at any time, or to skip any questions that you do not want to answer, the result of the study will hopefully serve as an important input to intervention program that aim at improving street children condition.

Thank you in advance for taking your time to answer the questions.

Would you be willing to participate in the study?

Agree { }

Disagree { }

Interviewer, Name..... SignatureDate.....

Supervisor, name..... SignatureDate.....

Annex (B).Survey questionnaires

The objective of the study is to collect information on child abuse and related issues, and information you give us will be kept confidential. In addition it is not necessary to write your name. We sincerely thank you in advance for your cooperation.

Part I Section on socio-Demographic Data

No	Question	Response	Code
101	Age of respondents (in years)	{ }	/ /
102	Sex	1. Male 2. Female	/ /
103	Religion	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.Others	/ /
104	Marital status	1.Never married 2.Married 3.Divorced 4.Others	/ /
105	Level of Education	1.Illiterate 2.read and write 3.Primary(1-6) 4.Secondary(7-12) 5.Others, specify	/ /
106	Are you attending school currently?	1.Yes 2.No	/ /
107	Where was your permanent residing area before coming to Adama?	1.Urban out side Adama 2.Rural out of Adama 3.Here in Adama 4.Others	
108	If you came from other area when did you come to Adama?	{ }	/ /
109	The main reasons which forced you to join the street life.	1.Death of parents 2.Family conflict 3.Pregnancy 4.Raped close relatives 5.Peer influence 6.Family poverty	/ /

110	Parental condition	1.Both parents alive 2.Only mother alive 3.Only father alive 4.Both dead 5.Others	/ /
111	Mothers level of education	1.Illiterate 2.Read and write 3.Primary1-6(grade) 4.Secondary(7-12) 5.Others	/ /
112	Fathers level of education	1 .Illiterate 2 .Read and write 3 .Primary 1-6 (grade) 4 .Secondary (7-12) 5 .Others	/ /
113	Where and how you get your daily food?	1. From father or mother 2. From relatives/friends 3. By working on the street 4. Begging 5. From government support 6. From charity organization	/ /
114	Where Do you sleep at nigh	1 On the street 2 .Plastic houses 3 .Relative house 4 .Others .	/ /

Part II, Section On sexual violence

201	Have you ever had sexual intercourse?	1.Yes 2.No (Skip to # 208)	/ /
202	Age at first sexual debut/	()	/ /
203	Reason for sexual initiation?	1.Marriage 2.Peer influence 3.Personal desire 4.Forced 5.Obligated due favor 6.Others	/ /
204	If the answer is forced, what was your relation with the person?	1. Close relative 2. Neighbors 3. A boy friend 4. Stranger 5. Husband 6. Others	/ /
205	Age of the person you have yours first sexuality/	1.About your age 2.A bit older than your age 3.Very old person 4.Others (specify)	/ /
206	If your final sex was forced, what was the Mechanism used to force you?	1.Hit you 2.Pointed a knife 3.Pointed a gun 4.Made you drunk 5.Made you use some drugs 6.Other	/ /
207	Have you ever faced a non consensual sex?	1.No (Skip to # 216) 2.Yes	/ /
208	If, yes how many times was it?	1.Once 2.More than once	
209	If it was repeated was it by the same person?	1.No 2.Yes	
210	If the answer is yes what was your relation with him?	1.Boy friend 2.A stranger 3.Neighbor 4.Other	/ /
211	What do you think is the main reason that exposed you to sexual abuse?		/ /

212	How do you feel about being abused?	1. Depression and sorrow 2. Felt inferior 3. Felt disturbance 4. Felt nothing 5. Others	/ /
213	Have you ever reported the case to any legal body?	1. No 2. Yes	/ /
214	If the answer yes, to which legal body did you report?	1.To the police 2.To kebele administration 3.Other legal bodies	/ /
215	Action taken by legal bodies.	1.None 2.Imprisonment 3.Financial penalty 4.Others	/ /
216	Have you ever faced an Attempted rape?	1.No 2.Yes	/ /
217	If yes how do you manage to escape?	1.By giving appointment 2.By fighting 3.By shouting 4.By running 5.Others	

Part III, section on substance use

301a	Do you smoke?	1.No 2.Yes	/ /
301b	If, yes how many cigarettes per day?	1 .Never smoke 2 .Less than 10 3.10 to 20 4 .More than 20	
302a	Do you drink alcohol?	1.No 2.Yes	/ /
302b	If yes how often do you drink?	1.Do not know 2.Because my friends do it 3.To be happy 4.To get warmth 5.Others	
303	On the days that you drank in the last one year how many drinks did you usually have in a day/	Usual number of drinks ()	/ /

304	Why do you drink alcohol/	1 .Do not know 2 .because my friends do it 3 .To be happy 4 .To get warmth 5. Others	/ /
305a	Do you chew chat?	1. No 2. Yes	/ /
305b	If yes how often?	1 .Never (Skip to# 307) 2 .Ever day 3 .3-4times a week 4 .every week 5 .some times	
306	Why do you chew chat?	1 .Peer influences 2 .to be happy 3 .To get warmth 4 .Others	/ /
307a	Do you take drugs like Marijuana?	1. No 2. Yes	/ /
307b	If so how often?	1 .Never 2 .Every day 3 .Every other day 4 .Sometimes 5. Others	
308	Why do you take drugs?	1Peer influences 2.To be happy 3.To get warmth 4.Others	

Part IV. Section on STI

401	During the last 12 months, have you had a disease which you got through sexual contact?	1.No (Skip to #408) 2.Yes	/ /
402	During the last 12 months, have you had a bad smelling abnormal genital discharge?	1.No 2.Yes	/ /
403	During the last 12 months, have you had a genital sore or ulcer?	1.No 2.Yes	/ /
404	If you had all the above problems, did you seek any kind of advice or treatment?	1.No 2.Yes	/ /
405	Which health institute did you visit?	1.Governmental hospital, clinics, health center 2.family planning clinic 3.(NGO)health facility 4.Private hosp/clinic 5.pharmacy 6.Drug vender 7.Traditional healer	/ /
406	Did you complete the treatment?	1.No 2.Yes	/ /
407	What was the outcome?	1. Not cured 2. cured	
408	When was the last time you had sexual intercourse?	1.Days ago 2.weeks ago 3.months ago	
409	The last time you had sexual intercourse, was a condom used?	1.No 2.Yes	
410	Did you use a condom every time you had sexual intercourse in the last 12 months?	1.No 2.Yes	

Annex C:

Questioner and discussion guides of the focus group.

Discussion guides to assess the occurrence of rape, STI among adolescents of street children.

Introduction:

- Introduction of the moderator and note takers with the participant.
- Introduce the aim of the study.
- Obtaining consent

Warm up discussions

Main discussion.

- Forms of sexual violence in the eyes of street children.
- Any practices or witness of rape on the street.
- Consequences of rape.
- Opinion on the basic rights of children.
- Action to be taken to reduce sexual violence.

ውድ ወንድሜ/አህቴ

ጤና ይስጥልኝ ስሜ ----- ይባላል። እኔ በአዲስ ኮንቲኔንታል እና በጎንደር ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ክፍል የመጨረሻ ዓመት የድህረ ምረቃ ተማሪ ነኝ። በአሁኑ ሰዓት በአዳማ ከተማ በወጣቶች ላይ ያተኮረ ጥናት በመስራት ላይ እገኛለሁ። አንተ/አንቺ ለዚህ ጥናት ተመርጣች ል፤ ስለዚህ የሚከተሉትን ጥያቄዎች በመመለስ እንደምትረዱን ተስፋ እናደርጋለን። ማንኛውም የሰጣችሁት መልስ ሚስጥራዊ ይሆናል። ስማችሁንም አትስጡ ከእናንተ በርግጠኝነት የምንፈልገው የጎዳና ልጆችን ችግር በተሻለ ለመረዳት ትክክለኛ መልሳችሁን ነው። በማንኛውም ጊዜ ጥያቄውን ለመመለስ ወይም ላለመመለስ እንዲሁም የማቋረጥ መብት አላችሁ። በተጨማሪም ያልፈለጋችሁትን ጥያቄ መዘለል ትችላላችሁ። የዚህ ጥናት ውጤት የጎዳና ልጆችን የኑሮ ሁኔታ ለማሻሻል እንደ አንድ ጠቃሚ ግብአት ያገለግላል ተብሎ ይገመታል።

በቅድሚያ ጥያቄያችንን ለመመለስ ጊዜአችሁን በመሰዋታችሁ እናመሰግናለን።

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነህ/ነሽ

እስማማለሁ

☐

አልስማማም

☐

የዚህ ጥናት ዓላማ በ ዳጊ ሕፃናት ላይ ከአስገዳጅ መድፈር ጋር የተያያዙ መረጃዎችን ለማሰባሰብ ነው። የምትሰጡት መረጃ በሚስጥር ይያዛል በተጨማሪም ስማችሁን መፃፍ አያስፈልግም ለም ደርጉልን ትብብር በቅድሚያ ናመሰግናለን።

ጊዜ		ሰዓት ደቂቃ መረጃውን ያሰባሰበው ስም _____	
ክፍል 1 አጠቃላይ መግለጫ			
ጥያቄ		ምላሽ	ኮድ
የሚስጥር ቁጥር			
101	ድሜህ /ሽ/ ስንት ነው?	/ /	
102	የ	/ /	
103	የምትከተለው /የምትከተይው/ ይማኖት ምንድን ነው?	1. አርቶዶክስ 2. ስልምና 3. ኻርቱስ ንት 4. ካቶሊክ 5. ሌላ ካለ ይገለፅ	
104	የትዳር ሁኔ ህ /ሽ/?	1. አግብቼ አላውቅም 2. አግብቻለሁ 3. ተፋትቻለሁ 4. ሌላ ካለ ይገለፅ	
105	የትምህርት ደረጃህ /ሽ/?	1. አልተማርኩም 2. ማንበብና መፃፍ 3. አንደኛ ደረጃ /1-6/ ክፍል 4. ሁለተኛ ደረጃ /7-12/ ክፍል 5. ሌላ ካለ ይገለፅ	
106	በአሁኑ ሰዓት ትማራለህ /ሽ/?	1. ማራለሁ 2. አልማርም	
107	ወደ አዳማ ከተማ ከመምጣትህ /ሽ/ በፊት ቋሚ መኖሪያህ /ሽ/ የት ነበር?	1. ከአዳማ ከተማ ውጪ /በከተማ/ 2. ከአዳማ ከተማ ውጪ /በገጠር/ 3. ዚሁ አዳማ ከተማ 4. ሌላ ካለ ይገለፅ	
108	ከሌላ አካባቢ ከመጣህ /ሽ/ ወደ አዳማ ከተማ መቼ መጣህ /ሽ/?		
109	ወደ ጎዳና ሕይወት ለመምጣት ያስገደዱህ /ሽ/ ዋና ዋና ምክንያቶች ምንድን ናቸው?	1. የወላጆች ሞት 2. የወላጆች ግጭት /አለመስማማት/ 3. ርግዝና 4. በአሳዳጊ ወይም በቅርብ ዘመድ መደፈር 5. የጓደኛ ግፊት 6. የቤተሰብ ድህነት 7. ሌላ ካለ ይገለፅ	
110	የቤተሰብ ሁኔ	1. ሁለቱም ወላጆች በሕይወት አሉ 2. ናት ብቻ በሕይወት አሉ 3. አባት ብቻ በሕይወት አሉ 4. ሁለቱም ሞተዋል	

		5. ሌላ ካለ ይገለፅ	
111	የ ናት ትምህርት ደረጃ	1. አልተማሩም 2. ማንበብና መፃፍ 3. አንደኛ ደረጃ /1-6/ ክፍል 4. ሁለተኛ ደረጃ /7-12/ ክፍል 5. ሌላ ካለ ይገለፅ	
112	የአባት የትምህርት ደረጃ	1. አልተማሩም 2. ማንበብና መፃፍ 3. አንደኛ ደረጃ /1-6/ ክፍል 4. ሁለተኛ ደረጃ /7-12/ ክፍል 5. ሌላ ካለ ይገለፅ	
113	የቀን ምግብ ንዴትና ከየት ነው የም ገኘው /የም ገኘው/?	1. ከአባትና ከ ናት 2. ከዘመድና ጓደኞች 3. በጎዳና ላይ በመስራት 4. በልመና 5. ከመንግስት ርዳ 6. ከ ርዳ /በጎ አድራጎት ድርጅት/	
114	ሌሊት የት ድራሲህ /ሽ/?	1. በጎዳና ላይ 2. በላስቲክ ቤት 3. በዘመድ ቤት 4. ሌላ ካለ ይገለፅ	

ክፍል 2 ስለ አስገዳጅ መድፈር			
201	የግብረሰጋ ግንኙነት ፈፅመህ /ሽ/ ውቂያለሽ /ህ/?	1. አልፈፀምኩም ወደ በተራ ቁጥር 208 ሂድ 2. ፈፅሜያለሁ	
202	የመጀመሪያ ግንኙነትህ /ሽ/ በስንት አመት ነበር?	በ /-----/ አመቱ	
203	ለመጀመሪያ የግብረ ሰጋ ግንኙነት የገፋፋህ /ሽ/ ምክንያት ምንድን ነው?	1. ትዳር 2. የጓደኛ ግፊት 3. የግል ፍላጎት 4. በመገደድ 5. በጥቅም ተደልዬ ወይም ውለ ለመክፈል 6. ሌላ ካለ ይገለፅ	
204	ተገደህ /ሽ/ ከሆነ አስገዳጁ ማነው?	1. የቅርብ ዘመድ 2. ጎረቤት 3. የወንድ ጓደኛ 4. ንግዳ 5. በቡድን 6. ባል 7. ሌላ ካለ ይገለፅ	
205	የደፈረሽ /ህ/ ሰው ድሜው በግምት ስንት ይሆናል?	1. የ ድሜ ኩያሽ /ህ/ ይሆናል 2. ከአንቺ /ከአንተ/ ትንሽ ከፍ ይላል 3. ከአንቺ /ከአንተ/ በጣም ይበልጣል 4. ሌላ ካለ ይገለፅ	
206	የመጨረሻ ጊዜ ግንኙነትሽ /ህ/ በግዳጅ ከሆነ አስገዳጁ ምን አይነት ዘዴ ተጠቀመ?	1. በሃይል በመደብደብ 2. በስለት በማስፈራራት 3. በመሳሪያ በማስፈራራት 4. በቃላት በማስፈራራት 5. በመጠጥ በማስከር 6. በ ጽ በማደንዘዝ	

		7. ሌላ ካለ ይገለፅ	
207	ባለፉት 3 ወራት ከፍላጎት ውጭ የግብረሰጋ ግንኙነት አድርገህ /ሽ/ ነበር?	1. አላደረሁም ወደ ተራ ቁጥር 216 ሂድ 2. አድርጌያለሁ	
208	ስንት ጊዜ ተደፈርሽ /ተደፈርክ/?	1. አንድ ጊዜ 2. ከአንድ ጊዜ በላይ	
209	በተደጋጋሚ ከተደፈርሽ /ክ/ የተፈፀመው በአንድ ሰው ነበር?	1. አይደለም 2. ነው	
210	መልስሽ /ህ/ ከአንድ ሰው ነበር የሚል ከሆነ ከዚህ ሰው ጋር ያለሽ /ህ/ ግንኙነት ምንድን ነው?	1. የወንድ ጓደኛ 2. ግንዳ 3. ጎረቤት 4. ለጊዜው አብሮ የሚኖር 5. ሌላ ካለ ይገለፅ	
211	ለተገዶ መደፈር ያጋለጡሽ /ህ/ ዋና ዋና ምክንያቶች ምንድን ናቸው ብለሽ /ህ/ ስቢያለሽ / ስባለህ/?		
212	በመደፈርሽ /ህ/ ምን ይሰማሻል /ይሰማህል/?	1. ሀዘን 2. የበ ችነት 3. የሰውነት መረበሽ 4. ምንም አይሰማኝም 5. ሌላ ካለ ይገለፅ	
213	የደረሰብሽን ወይም የደረሰብህን ችግር ለህግ አካል ሪፖርት አድርገህ /ሽ/ ውቂያለሽ / ውቃለህ/?	1. አላደረሁም 2. አድርጌያለሁ	
214	መልሱ አዎን ከሆነ ለየትኛው የሕግ አካል አመለከትሽ /ክ/?	1. ለፖሊስ 2. ለቀበሌ መስተዳደር 3. ለሌላ ህጋዊ አካል	
215	በህጋዊ አካል የተወሰደ ርምጃ	1. የለም 2. ጥፋተኛው ስሯል 3. የገንዘብ ቅጣት 4. ሌላ ካለ ይገለፅ	
216	አስገድዶ የመደፈር ሙከራ አጋጥሞሻል /አጋጥሞህል/?	1. አላጋጠመኝም 2. አጋጥሞኛል	
217	ካጋጠመሽ /ህ/ ንዴት ለማምለጥ ቻልሽ /ክ/?	1. ቀጠሮ በመስጠት 2. በመ ገል 3. በመጮህ 4. በመሮጥ 5. ሌላ ካለ ይገለፅ	

ክፍል 3 አደንዛዥ ዕጽንና አልኮል መጠጥን በተመለከተ			
301ሀ	በአሁን ጊዜ ሲጋራ ታጨሳለህ/ሺ?	1. አላጨስም 2. አጨሳለሁ	
301ለ	ካጨስክ ወይም ካጨሽ በቀን ስንት ሲጋራ?	1. አላጨስም 2. ከ 10 በ ች 3. ከ 10-20 ያሳነሰ 4. ከ 20 በላይ	
302ሀ	አልኮል መጠጥ ትጠጣለህ /ትጠጫለሽ/?	1. አልጠጣም (ወደ ጥያቄ ቁጥር 305 ሂድ /ጂ/) 2. አጠጣለሁ	
302ለ	ከጠጣህ /ሽ/ አጠጣጥህ /ሽ/ ንዴት ነው?	1. በየቀኑ 2. በሳምንት ከ 3-4 ጊዜ	

		3. በየሳምንቱ 4. በበአል ቀናት	
303	በአማካኝ በጠጣህበት /በጠጣሽበት/ ቀናት ስንት ትጠጣለህ /ትጠጫለሽ/?	1. የተለመደ የመጠጥ ቁጥር /-----/ መለኪያ፣ ብርጭቆ፣ ብርሌ	
304	አልኮል የምትጠጣው ወይም የምትጠጫው ለምንድን ነው?	1. ለምን ንደሆነ አላውቅም 2. ንደኞቼ ስለሚጠጡ 3. ለመደሰት 4. ሙቀት ስለሚሰጠኝ 5. ሌላ ካለ ይገለፅ	
305ሀ	ጫት ትቅማለህ ወይም ትቅሚያለሽ?	1. አልቅምም (ወደ ጥያቄ ቁጥር 307 ሂድ /ጂ/) 2. እቅማለሁ	
305ለ	በየስንት ጊዜ?	1. በየቀኑ 2. በሳምንት ከ 3-4 ጊዜ 3. በየሳምንቱ 4. አንዳንድ ጊዜ	
306	ለምን ትቅማለህ ወይም ትቅሚያለሽ?	1. የንደኛ ግፊት 2. ለመደሰት 3. ሙቀት ስለሚሰጠኝ 4. ሌላ ካለ ይገለፅ	
307ሀ	ሀሽሽ፣ ሺሻ ወይም አደንዛዥ ዕጽ ትወስዳለህ /ትወስዷለሽ/?	1. አልወስድም 2. እወስዳለሁ	
307ለ	በየስንት ጊዜ?	1. በየቀኑ 2. በየ 2 ቀኑ 3. አንዳንድ ጊዜ 4. ሌላ ካለ ይገለፅ	
308	ሀሽሽ፣ ሺሻ ወይም አደንዛዥ ዕጽ ለምን ትወስዳለህ /ትወስዷለሽ/?	1. የንደኛ ግፊት 2. ለመደሰት 3. ሙቀት ስለሚሰጠኝ 4. ችግሩን ለመርሳት 5. ሌላ ካለ ይገለፅ	

ክፍል 4 ስለ አባላዘር በሽ			
401	በግብረ ሥጋ ግንኙነት የሚተላለፍ በሽ ባለፉት 12 ወራት ውስጥ ይዞህ /ሽ/ ያውቃል?	1. አልያዘኝም (ወደ ጥያቄ ቁጥር 408 ሂድ /ጂ/) 2. ይዘኛል	
402	ባለፉት 12 ወራት ውስጥ ከብልት የሚወጣ ፈሳሽ አጋጥሞህል /ሻል/?	1. አላጋጠመኝም 2. አጋጥሞኛል	
403	ባለፉት 12 ወራት በብልት አካባቢ የመቁሰል ምልክት ነበረህ /ሽ/?	1. አልነበረኝም 2. ነበረኝ	
404	ከላይ የተገለፁት ምልክቶች ካለህ /ሽ/ ለምክር አገልግሎት ወይም ህክምና ሄደህ /ሽ/ ነበር?	1. አልሄድኩም 2. ሄጃለሁ	
405	የትኛው የጤና ተቋም?	1. በመንግሥት ሆስፒታል አካል ጤና ጣቢያ 2. የቤተሰብ ምጣኔ ሀብት ክሊኒክ 3. የዕርዳ ሰጭ ክሊኒክ 4. በግል ሆስፒታል 5. ፋርማሲ 6. በገጠር መዳኒት ቤት 7. በባህል መድኒት	
406	ሕክምናውን በሚገባ ጨረስክ /ሽ/?	1. አልጨረስኩም 2. ጨርሼአለሁ	

407	ውጤቱ ምን ነበር?	1. አልተሻለኝም 2. ተሻለኝ	
408	የመጨረሻ የግብረሰጋ ግንኙነት የደረሰው /ሽው/ መቼ ነበር?	1. ከአንድ ቀን በፊት 2. ከሳምንት በፊት 3. ከወር በፊት	
409	የመጨረሻ የግብረ ሥጋ ግንኙነት ኮንዶም ተጠቅመህል /ሻል/?	1. አልተጠቀምኩም 2. ተጠቅሜአለሁ	
410	በአለፉት 12 ወራት በነበረህ /ሽ/ የግብረሰጋ ግንኙነት ሁልጊዜም ኮንዶም ትጠቀሟ /ም/ ነበር?	1. አልጠቀምም 2. ጠቀማለሁ	